Effective October 1, 2003													32
CLAIMS AS FILED - PART I (Column 1) (Column 2)										TITY	OR	OTHER SMALL E	
T	OTAL CLAIMS							RATE		FEE.		RATE	FEE
FO	OR		NUMBER FILED		NUMBER EXTRA			BASIC	EΕ	385.00	PO	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	minus 20=					X\$. 0	_		OR	XS18=	
INDEPENDENT CLAIMS			minus 3 =		• .			X43:			OR	X86=	
M	JLTIPLE DEPEN	NDENT CLAIM P	<u></u>		. 0				$\dashv$			+290=	
• 1	the difference	in column t is	less than zero, enter		.0. w colour 5		'	+145# TOTAL			OR		
٠ ' ا			1OJA	I		OR	•	714011					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LLE	NTITY	OB	OTHER SMALL E	4
NT A		(Column 1) CLAMAS REMAINING AFTER AMENOMENT		FRANCE PREVIO	PS P BER JUSE)	RATE OF THE		RAT	-1	MEN TIONAL FEE		RATE.	ADDI TIONAL FEE
AMENDMENT	Total	. 19	Minus	:.20		3.		xs g	-		OR	X\$18=	
	Independent	• 1	Minus .	<b>Μ</b>	•	÷.		×43	.,		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1145			QR	+290=	
							1		1/4L		OR	JOTAL	
									:EE	<del></del>	10	ADDIT FEE	
_	<u>-</u>	(Column 1)		(Colur		(Column 3)	ול		_	ADDI-	1	<u> </u>	ADDi-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVII PAID	ousu:	PRÉSENT EXTRA		BAT	Ε.	TIONAL FEE		FATE	TIONAL FEE
	Total	-19	Minus	20	0)			XS <b>9</b>	j.		OFI	X\$18=	· .
	Inaependent	<ul><li>・ ノ・</li></ul>	Minus	<i></i>			1	X43	=		OR	X86=	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. +145			OR	+290=	
	•						•	10	IAL		OR	TOTAL	
.• '	•		•	•		•		ADDIT I	FEE		10.	ADDIT FEE	:
(Column 1) (Column 2) (Column 3)													-ADDI-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·.	PREVI	BER	PRESENT EXTRA		RAT	E	AUUI- TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus			=		X\$ 9	)=		OP	X\$18=	
	Independent	•	Minus	***		= .		×43	 } <u>≓</u>		OF	X86=	
٥	FIRST PRESERVATION OF MIDERIFICE DET CHOCKET OF THE							<u> </u>			1		1
. +145=										Oil	TOTAL		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEI		
***	If the "Highest Nu The "Highest Nurt	mber Previously Pa aber Previously Pal	ald For IN TH Id For (Total o	is space I independ	is less th lenij is th	an 3, enler "3." e highesl num	ber lo	und in Ih	e ap	propriate bo	ox.in o	column 1.	

Application or Docket Number